

10/529723

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1					
3		2				
4		2				
5		2				
6		2				
7		2				
8	1		1			
9		2				
10		2				
11		2				
12		2				
13		2				
14		2				
15		2	1			
16		2	1			
17		2				
18		2				
19		2				
20		2				
21		2				
22	1		1			
23		2				
24		2				
25		2				
26		2				
27		2				
28		2				
29	1		1			
30		2				
31		2				
32		2				
33		2				
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35		2				
36	1		1			
37		2				
38		2				
39		2				
40		2				
41		2				
42		2				
43	1		1			
44	1		1			
45		2				
46		2				
47		2				
48		2				
49		2				
50		2				
TOTAL IND.		↓	8	↓		↓
TOTAL DEP.		←	41	←		←
TOTAL CLAIMS			48			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						